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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/815,102	
	Filing Date	Mar 30, 2004	
	First Named Inventor	Conway, Andrew A.	
	Art Unit	1645	
	Examiner Name	NYA	
Total Number of Pages in This Submission	7	Attorney Docket Number	208.1005.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Statement Under 37 CFR 3.73(b) (with attachment) Return Postcard
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Steven A. Swernofsky	Reg. No. 33,040
Signature		
Date	8-26-04	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	DODI STOLAR		
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/815,102
Filing Date	3/30/2004
First Named Inventor	Conway
Title	Detecting Recessive Diseases in Inbred Populations
Art Unit	1645
Examiner Name	NYA
Attorney Docket Number	208.1005.01

I hereby appoint:

☒ Practitioners associated with the Customer Number:

22883

OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

<input type="checkbox"/> Firm or Individual Name	Swernofsky Law Group PC				
Address	P.O. Box 390013				
Address					
City	Mountain View	State	CA	Zip	94039-0013
Country	USA				
Telephone	650-947-0700	Fax	650-947-8438		

I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	ANDREW CONWAY				
Signature					
Date	23 Aug 2004	Telephone	650 568 3052		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: (first inventor) ConwayApplication No./Patent No.: 10/815,102Filed/Issue Date: 3/30/2004Entitled: Detecting Recessive Diseases in Inbred PopulationsSilicon Genetics

(Name of Assignee)

, a

Corporation

(Type of Assignee, e.g. corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e. the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

23 Aug 2004  
DateAndrew Conway  
Typed or printed name[Signature]  
SignatureChairman of Board  
Title



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**  
ASSISTANT SECRETARY AND COMMISSIONER  
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Washington, D.C. 20231



\*700094756A\*

JUNE 29, 2004

PTAS

SWERNOFSKY LAW GROUP PC  
STEVEN A. SWERNOFSKY  
P.O. BOX 390013  
MOUNTAIN VIEW, CA 94039-0013

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RECORDATION DATE: 06/28/2004

REEL/FRAME: 014787/0872  
NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

## ASSIGNOR:

CONWAY, ANDREW A.

DOC DATE: 05/14/2004

## ASSIGNEE:

SILICON GENETICS  
2601 SPRING STREET  
REDWOOD CITY, CALIFORNIA 94063

SERIAL NUMBER: 10815102

FILING DATE: 03/30/2004

PATENT NUMBER:

ISSUE DATE:

TITLE: DETECTING RECESSIVE DISEASES IN INBRED POPULATIONS

614787/0872 PAGE 2

MARY BENTON, EXAMINER  
ASSIGNMENT DIVISION  
OFFICE OF PUBLIC RECORDS

Form PTO-1595

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION COVER SHEET

U.S. DEPARTMENT OF COMMERCE

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PATENTS ONLY

208.1005.01

To the honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

Andrew A. Conway

## 2. Name and address of receiving party(ies)

Name: Silicon Genetics

Internal Address: \_\_\_\_\_

Street Address: 2601 Spring StreetCity: Redwood CityState: CAZip: 94063Additional names(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 3. Nature of conveyance:



Assignment



Merger



Security Agreement



Change of Name



Other \_\_\_\_\_

Execution Date: May 14, 2004Additional names(s) & address(es) attached? ☐ Yes ☒ No

## 4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

10/815,102

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Swernofsky Law Group PC

Internal Address: \_\_\_\_\_

Street Address: P.O. Box 390013City: Mountain ViewState: CAZip: 94039-0013

## 6. Total number of applications and patents involved:

17. Total fee (37 CFR 3.41) ..... \$ 40.00☐ Enclosed☒ Authorized to be charged to deposit account

## 8. Deposit account number:

50-0365

(Attach duplicate copy of this page if paying by deposit account)

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## 9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Steven A. Swernofsky Reg no. 33,040

Name of Person Signing

SA Swernofsky

Signature

06-28-2004

Date

Total number of pages including cover sheet, attachments and documents:

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10815102 \$40.00 \$00.00 CH

FOR GOOD AND VALUABLE CONSIDERATION,

## Silicon Genetics.

## **"Detecting Recessive Diseases in Inbred Populations"**

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